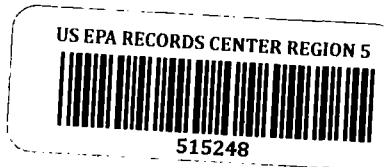


Life Systems, Inc.



24755 HIGHPOINT ROAD · CLEVELAND, OHIO 44122 · PHONE: 216 464-3291

March 31, 1983
DGJ-3-17

Mr. Michael Kosakowski
Office of Waste Programs Enforcement (WH-527)
Room 3-364
U.S. Environmental Protection Agency
401 M Street, SW
Washington, DC 20460

Subject: Services Approval Notices for Dr. Kimble

Reference: ICAIR Work Assignment No.: 061254
Work Assignment Title: Reilly Tar Technical Support

Dear Mr. Kosakowski:

Enclosed are four Services Approval Notices for the referenced Work Assignment. Three Notices apply to Dr. Kimble's participation in three pretrial meetings, and the fourth Notice deals with Dr. Kimble's telephone consultation and additional pre-litigation efforts. Please sign and return an appropriate Services Approval Notice upon Dr. Kimble's completion of each task. These Notices will authorize payments for Dr. Kimble's services.

If you have any questions, please contact me by calling (216)464-3291.

Very truly yours,

LIFE SYSTEMS, INC.

David G. Jenkins

David G. Jenkins
Deputy Procurement Manager

Encl.: Services Approval Notices (4)

cc: ICAIR Task Manager
LSI Contract Administration
ICAIR Program Manager

SERVICES APPROVAL NOTICE

To: Receiving/Inspection
Life Systems, Inc.
ICAIR Systems Division
24755 Highpoint Road
Cleveland, OH 44122

Subject: 1. ICAIR Work Assignment No.: 061254
2. ICAIR Work Assignment Title: Reilly Tar Technical Support

The deliverable and/or services checked below have been received and are approved:

☐ Document(s):

Document No(s): _____
Document Title(s): _____

☒ Meeting(s) Participation:

Date(s): 9/30/83^(a)
Type of Meeting(s): Pre-trial
Location: Minneapolis, MN, Chicago, IL or Washington, DC

☐ Verbal Communication (☐ Telephone call, ☐ _____)

Date(s): _____
Topic(s): _____
Individual Communicated with: _____

I therefore authorize payment of the fee and reasonable travel expenses, if any, incurred by the individual(s) identified below:

Name	Comments on Performance (Optional)
1. Dr. Brenda Kimble	_____
2.	_____
3.	_____

Approval Signature: _____ Date _____

(a) Actual dates to be determined. Date shown is completion date of Work Assignment.

(07/27/82)

SERVICES APPROVAL NOTICE

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ICAIR Systems Division
24755 Highpoint Road
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Name	Comments on Performance (Optional)
1. Dr. Brenda Kimble	_____ _____ _____
2.	_____ _____ _____
3.	_____ _____ _____

Approval Signature: _____ Date _____

(a) Actual dates to be determined. Date shown is completion date of Work Assignment.
(07/27/82)

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Name	Comments on Performance (Optional)
1. Dr. Brenda Kimble	_____ _____ _____
2.	_____ _____ _____
3.	_____ _____ _____

Approval Signature: _____ Date _____

(a) Actual dates to be determined. Date shown is completion date of Work Assignment.

(07/27/82)

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24755 Highpoint Road
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Subject: 1. ICAIR Work Assignment No.: 061254
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☐ Document(s):

Document No(s): _____

Document Title(s): _____

☐ Meeting(s) Participation:

Date(s): _____

Type of Meeting(s): _____

Location: _____

☒ Verbal Communication (☒ Telephone call, ☒ Additional pre-litigation effort)

Date(s): 9/30/83^(a)

Topic(s): _____

Individual Communicated with: _____

I therefore authorize payment of the fee and reasonable travel expenses, if any, incurred by the individual(s) identified below:

Name	Comments on Performance (Optional)
1. Dr. Brenda Kimble	_____ _____ _____
2.	_____ _____ _____
3.	_____ _____ _____

Approval Signature: _____ Date _____

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(07/27/82)